

# AMENDED RETURN FOR TANGIBLE PERSONAL PROPERTY

## TO AMEND DELAWARE GROSS RECEIPTS OR LICENSE/EXCISE TAX RETURNS FOR ONE TAX PERIOD ONLY

File an Amended Return to correct any previously filed monthly or quarterly Gross Receipts or License/Excise tax return. If you overpaid or owe on any previously filed tangible personal property gross receipts or license/excise tax return **and** this correction pertains to a single tax period within the current calendar year, you must use the Amended Return below. Overpayments will offset existing or future liabilities within the current year only.

**PLEASE NOTE:** If the overpayment or amount owed on your gross receipts or license/excise tax pertains to more than one tax period **or** includes tax periods other than the current calendar year, you must use the **Claim for Revision form**.

Please remit any balance due with this return. Refunds will be issued within 4-5 weeks.

### INSTRUCTIONS

In the boxes provided, enter your 13-digit account number and the tax period ending date being amended. Complete all contact information.

**Line 1** — Enter the amount of tax paid with the original return. (Column 1, last line, from the bottom portion of this form.)

**Line 2** — Enter the corrected tax due for the period. (Column 2, last line, from the bottom portion of this form.)

**Line 3** — Enter the difference between Line 1 and Line 2. (Column 3, last line, from the bottom portion of this form.)

**Line 4** — If additional tax is due, interest at 1% per month from the return's due date to the date of payment must be calculated and remitted.

**Line 5** — Add Line 3 (Amount Due or Refund Due) and Line 4 (Interest Due on underpayments), and enter the result on Line 5.

If Line 1 is greater than Line 2, an overpayment exists. Check the **OVERPAYMENT** box. An overpayment existing at the end of the calendar year cannot be carried over to the next calendar year. If Line 1 is less than Line 2, an underpayment exists. Check the **AMOUNT DUE** box.

### ON THE BOTTOM PORTION:

Under **REPORTED**, enter the amounts reported on your original return. Under **CORRECTED**, enter the correct gross receipts and re-compute the amount(s) due. Under **DIFFERENCE**, enter the difference between columns 1 and 2.

Use brackets "( )" to indicate a reduction in the amount originally reported. Attach a detailed explanation of the change.

For questions regarding Amended Returns, please contact Teri Graciano at (302) 577-8264 or [theresa.graciano@state.de.us](mailto:theresa.graciano@state.de.us).

CUT ALONG THE LINE BELOW AND MAIL THIS RETURN WITH ANY PAYMENT DUE

## DELAWARE DIVISION OF REVENUE

### AMENDED LESSOR OF TANGIBLE PERSONAL PROPERTY TAX RETURN - FORM LQX7 9801

# LTQX

ACCOUNT NUMBER	TAX PERIOD ENDING	DUE ON OR BE FORE	BUSINESS CODE GROUP DESCRIPTION

### BUSINESS LOCATION

### BUSINESS MAILING ADDRESS

Check Here If A Request  
For Change Form Is Being  
Filed

☐

1. TAX PAID WITH ORIGINAL RETURN	\$	00
2. CORRECTED TAX DUE	\$	00
3. TAX OWED OR REFUND DUE	\$	00
4. INTEREST DUE (IF TAX OWED)	\$	00
5. AMOUNT DUE <input type="checkbox"/> OVERPAYMENT <input type="checkbox"/>	\$	00

(Please remit if tax due. Refund will be processed if overpayment.)

MAKE ANY CHANGES ON THE REQUEST FOR CHANGE FORM. CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

AUTHORIZED SIGNATURE I declare under penalties of perjury, that this is a true, correct and complete return.

DATE

TELEPHONE NUMBER

If desired, provide an e-mail address where we may contact you regarding this return.

E-MAIL ADDRESS

Mail This Form With Remittance Payable To:

Delaware Division of Revenue  
P.O. Box 2340, Wilmington, DE 19899-2340  
For questions, call (302) 577-8780

**PLEASE NOTE: THE DIVISION OF REVENUE REQUIRES ROUNDING OF ALL AMOUNTS ON ALL GROSS RECEIPTS AND LICENSE/EXCISE TAX RETURNS.**

Please do not write above this line.

	REPORTED		CORRECTED		DIFFERENCE	
1. RENTAL RECEIPTS (Not from Motor Vehicles)	\$	00	\$	00	\$	00
2. LESS EXCLUSION (See Line Instructions)	\$	00	\$	00	\$	00
3. TAXABLE RENTAL RECEIPTS	\$	00	\$	00	\$	00
4. LINE 3 X =	\$	00	\$	00	\$	00
5. MOTOR VEHICLE RENTAL RECEIPTS	\$	00	\$	00	\$	00
6. LESS REMAINING EXCLUSION (See Instructions)	\$	00	\$	00	\$	00
7. TAXABLE MOTOR VEHICLES RENTAL RECEIPTS	\$	00	\$	00	\$	00
8. LINE 7 X =	\$	00	\$	00	\$	00
9. BALANCE DUE (ADD LINES 4 AND 8.)	\$	00	\$	00	\$	00

PLEASE PROVIDE AN EXPLANATION FOR THE CHANGE(S) ON A SEPARATE SHEET.

# AMENDED RETURN FOR LESSOR/LESSEE

## TO AMEND DELAWARE GROSS RECEIPTS OR LICENSE/EXCISE TAX RETURNS FOR ONE TAX PERIOD ONLY

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Please remit any balance due with this return. Refunds will be issued within 4-5 weeks.

### INSTRUCTIONS

In the boxes provided, enter your 13-digit account number and the tax period ending date being amended. Complete all contact information.

**Line 1** — Enter the amount of tax paid with the original return. (Column 1, last line, from the bottom portion of this form.)

**Line 2** — Enter the corrected tax due for the period. (Column 2, last line, from the bottom portion of this form.)

**Line 3** — Enter the difference between Line 1 and Line 2. (Column 3, last line, from the bottom portion of this form.)

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### ON THE BOTTOM PORTION:

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CUT ALONG THE LINE BELOW AND MAIL THIS RETURN WITH ANY PAYMENT DUE

## DELAWARE DIVISION OF REVENUE AMENDED LICENSE/EXCISE TAX RETURN - FORM LQX1 9101

LQX

ACCOUNT NUMBER	TAX PERIOD ENDING	BUSINESS CODE GROUP DESCRIPTION
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### BUSINESS LOCATION

### BUSINESS MAILING ADDRESS

Check Here If A Request For  
Change Form Is Being Filed

☐

1. TAX PAID WITH ORIGINAL RETURN	\$	00
2. CORRECTED TAX DUE	\$	00
3. TAX OWED OR REFUND DUE	\$	00
4. INTEREST DUE (IF TAX OWED)	\$	00
5. AMOUNT DUE <input type="checkbox"/> OVERPAYMENT <input type="checkbox"/>	\$	00
(Please remit if tax due. Refund will be processed if overpayment.)		

MAKE ANY CHANGES ON THE REQUEST FOR CHANGE FORM. CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

AUTHORIZED SIGNATURE I declare under penalties of perjury, that this is a true, correct and complete return.

If desired, provide an e-mail address where we may contact you regarding this return.

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

Mail This Form With Remittance Payable To:  
Delaware Division of Revenue  
P.O. Box 2340, Wilmington, DE 19899-2340  
For questions, call (302) 577-8780

**PLEASE NOTE: THE DIVISION OF REVENUE REQUIRES ROUNDING OF ALL AMOUNTS ON ALL GROSS RECEIPTS AND LICENSE/EXCISE TAX RETURNS.**

Please do not write above this line.

	REPORTED		CORRECTED		DIFFERENCE	
A. Taxable Basis (Gross Receipts/Rents/# Vehicles, etc.)	\$	00	\$	00	\$	00
B. Line A X	=	\$	00	\$	00	00
C. Taxable Basis (Sales of Electricity & Gas to Mfgs.)	\$	00	\$	00	\$	00
D. Line C X	=	\$	00	\$	00	00
E. Amount Due or Overpayment (Add Lines B and D).	\$	00	\$	00	\$	00

PLEASE PROVIDE AN EXPLANATION FOR THE CHANGE(S):